

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10766990

01-28-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
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7		/				
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34		/				
35		2				
36		2				
37		2				
38		2				
39		2				
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42		/				
43		/				
44		/				
45		/				
46		2				
47		2				
48		2				
49						
50						
TOTAL IND.	3					
TOTAL DEP.	53					
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						